

LICENSING BOARD FOR THE CITY OF BOSTON
Room 809, City Hall, Boston, Mass. 02201

Date19

The undersigned respectfully makes application for a license for:

.....Coin-Operated Pool Tables

.....Pool Tables

.....Billiard Tables

.....Sippio Tables

.....Bowling Alleys

Address of PremisesTel. No
No. Street Zip Code

Description of Premises: 1st floor2nd floor3rd floor4th floor

Other

If the application covers coin-operated pool tables, answer the following:

Have these devices been approved by the Director of Standards?.....

What kind of business are you engaged in?

What license(s) do you hold from this Board? Common Victualer No.Liquor No.

Have you ever been convicted of gaming?.....When?.....Where?.....

Distributor's NameTel. No.....

Address of PremisesTel. No.....
No. Street Zip Code

HOURS OF OPERATION:

Corporate Name:

Business Name (d/b/a) if different:

Address:Location Zip Code

Manager's Signature

Home Address:Street Location Zip Code

**BUILDING DEPARTMENT
CLEARANCE**

APPLICANTS MUST NOT FILL THE BLANKS BELOW

RESTRICTIONS — REMARKS

Application for

**BILLIARDS, POOL, SIPPION,
COIN-OPERATED POOL TABLES, ETC.**

Certificate Issued.....

Certificate Expires.....

Seating Capacity

License No.....

Ward..... Prec..... Div.....

Tel. No..... Zip Code.....

Name

Address.....

Board's Action

GRANTED.....

REJECTED

Date Rec'd..... Adv..... Paper.....

Hearing Date..... Time.....

Fee..... Paid.....

Attorney Filing

Rec'd By..... Fee.....

Receipt No.....



LICENSING BOARD FOR THE CITY OF BOSTON

1 City Hall Sq., Room 809, Boston, MA 02201

LICENSEE MANAGER PERSONAL INFORMATION FORM

THIS FORM MUST BE COMPLETED FOR EACH:

- ☐ NEW LICENSE APPLICANT
- ☐ APPOINTMENT OR CHANGE OF MANAGER
- ☐ TRANSFER OF LICENSE

Please type or print all information

All questions must be answered and telephone numbers provided or application will not be accepted.

1. LICENSEE NAME: _____
(Name as it will appear on the license)

2. NAME OF (PROPOSED) MANAGER: _____

3. SOCIAL SECURITY NUMBER: _____

4. HOME ADDRESS: _____

5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).

DAY TIME # _____ HOME # _____

6. REGISTERED VOTER: ____ YES ____ NO

7. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address):

8. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: _____

9. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: _____
Proposed Manager Signature

Date

CONFIDENTIAL

LICENSING BOARD FOR THE CITY OF BOSTON
 Room 809, City Hall, Boston, Mass. 02201

DATE: _____ 19__

CRIMINAL RECORD INFORMATION FORM

Managers, Stockholders, Officers and Directors of Corporation and Others

NAME OF CORPORATION _____

NAME _____ ALIAS, IF ANY _____

ADDRESS _____ ZIP CODE _____

OCCUPATION _____

BIRTHPLACE _____ DATE OF BIRTH _____

FATHER'S NAME _____ MOTHER'S NAME _____

HUSBAND OR WIFE'S NAME _____

If you have any record of misdemeanors including: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. . . and such offenses were disposed of ten or more years prior to the filing of this application. . . you may be considered to have "NO RECORD" for the purpose of furnishing this department information as to your criminal record.

I _____ APPLICANT FOR A

_____ LICENSE IN THE
 CITY OF BOSTON, HEREBY STATE THAT I HAVE NOT BEEN CONVICTED FOR
 VIOLATION OF A STATE OR FEDERAL NARCOTIC LAW.

I _____ do hereby state
 THAT I HAVE NO RECORD OF CRIMINAL CONVICTIONS IN ANY STATE OR FEDERAL
 COURT EXCEPT THOSE LISTED AS FOLLOWS:

I _____ do hereby state
 THAT I HAVE NO PENDING CRIMINAL CHARGES AGAINST ME FOR ANY CRIMINAL
 VIOLATIONS IN ANY STATE OR FEDERAL COURT EXCEPT THOSE LISTED AS
 FOLLOWS:

SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS
 PRINT LAST NAME _____

_____ DAY, OF _____, 19__ BY: _____

ANY STATEMENTS CONTAINED HEREIN FOUND TO BE UNTRUE SHALL BE CAUSE
 FOR THE CANCELLATION AND/OR REVOCATION OF ANY LICENSE GRANTED TO THE
 APPLICANT OR CORPORATION IN WHICH HE IS A PRINCIPAL OR AGENT.

LICENSING BOARD FOR THE CITY OF BOSTON
Room 809, City Hall, Boston, Mass. 02201

Date _____ 19 _____

AFFIDAVIT OF NOTICE TO ABUTTERS AND OTHERS

To the Licensing Board
For the City of Boston:

I _____ hereby certify that the following is a true list
Of the persons shown upon the Assessor's most recent valuation list as the owners of the property
abutting the proposed location for an alcoholic beverages license at _____.

And that the following schools, churches or hospitals are located within a radius of five hundred
(500) feet from said proposed location: . . .

If there are none, please so
state _____

I also certify that notice of this application/petition concerning an alcoholic beverages license was
given to the above by mailing to each of them within three days after publication of the same, a copy
of the advertisement of said application/petition, a copy of which advertisement is attached below.
Also attached are the registered receipts/return registered receipts bearing signatures of persons
receiving said notice.

Signed and subscribed to under the pains and penalties of perjury this _____ day
of _____, 19 _____.

Printed: _____.

Written: _____.

(authorized individual, manager or corporate officer)

ATTACH ADVERTISEMENT
AND RECEIPTS HERE

Notary Public _____.

My Commission expires _____ 19 _____.

INSTRUCTIONS FOR NOTIFICATION TO ABUTTERS

Go to Engineering Office in the Assessing Department to find out which parcels of real estate abut the licensed premises and whether or not there are any schools, churches or hospitals within 500 feet of the premises. The Engineering Department is located in Room 301, City Hall.

From the Assessors most recent list, find out the names and mailing addresses of the abutters and others.

List the abutters and others on the other side of this form.

When the legal notice is published the newspaper will mail several copies of the advertisement to you. Upon receipt of these "tear slips" you should send one by certified mail to each of the persons or organizations listed.

Bring this completed form to the hearing along with the post office receipts or the return receipts which are mailed back to you.